

 <div style="text-align: center;"> DIVISION OF ADULT INSTITUTIONS POLICY AND PROCEDURES </div>	DAI Policy #: 500.00.11	Page 1 of 6
	Original Effective Date: 02/22/2023	New Effective Date: 02/22/2023
	Supersedes: N/A	Dated: N/A
	Administrator's Approval: Sarah Cooper, Administrator – 2/22/23	
	Required Posting or Restricted: <input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted	
Chapter: 500 Health Services		
Subject: Oakhill Correctional Institution - Assisted Needs Unit		

POLICY

The Division of Adult Institutions shall provide a specialized housing unit for minimum and minimum community custody PIOC and to provide medical care for those who require a higher level of care than what can be provided in a general population setting.

REFERENCES

DAI 500.30.06 – Transfer of Patient

DAI 500.30.02 – Consultation with Offsite Providers or Health Care Providers by Offsite Providers or Onsite Contract or LTE Providers

DAI 500.80.03 – Medication Reconciliation/continuation of Med

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018, P-F-02 Infirmary Care

Wisconsin Statutes s. 302.85 – Medical Care of Prisoners

DEFINITIONS, ACRONYMS AND FORMS

Advanced Care Provider (ACP) – A licensed individual, such as a Nurse Practitioner or Physician, who is authorized to write prescriptions.

ADA – Americans with Disabilities Act

Activities of Daily Living (ADL's) – Routine tasks with which individuals may require assistance. These activities may include personal care, ambulation and housekeeping.

ANU - Assisted Needs Unit

BOCM – Bureau of Offender Classification and Movement

Care Conferences- The meeting of Multi-Disciplinary Team members involved in the active care and treatment of a PIOC to evaluate their plan of care (IPOC).

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC -3716 – Assisted Needs Assessment Referral Form

HSM – Health Services Manager

HSU – Health Services Unit

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Interdisciplinary Plan of Care (IPOC) – Plan developed for each PIOC that details the care to be provided. This plan is based on the understanding, agreement, and involvement of PIOC and subject to regular review and adjustment.

MDT – Multi-Disciplinary Team

OCI – Oakhill Correctional Institution

PIOC – Persons in Our Care

PROCEDURE

I. General Guidelines

- A. The ANU shall meet the needs of its PIOC and their required care.
- B. A Registered Nurse shall be on site daily.
- C. The PIOC's care plan is developed by a MDT.
 1. Health care delivery shall be completed in a manner which is consistent with professional practice guidelines and DAI policies and procedures.
- D. ANU Care Conferences may include but are not limited to:
 1. Health Services Manager.
 2. Corrections Program Supervisor.
 3. Advanced Care Provider.
 4. Social Worker.
 5. Psychologist Liaison.
 6. Security Supervisor Liaison.
 7. HSU Security Staff.
 8. Nursing Staff.
 9. Chaplain.
 10. ADA Coordinator.
 11. Physical Therapist/Occupational Therapist.
- E. The frequency of ACP and nursing assessments is specified based on individuals needs, clinical acuity and categories of care provided.
- F. PIOC are evaluated by the ACP upon admission and at least quarterly thereafter.

II. Assisted Needs Unit Referral Process

- A. Admission shall be decided on an individual basis and a plan of care shall be developed for each PIOC.
- B. Referring facility shall consult with assigned classification staff prior to a referral to ensure placement in minimum or minimum community custody is appropriate.

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C. Collaboration between the sending facility/unit HSM/designee and the ANU HSM/designee shall occur to provide continuity of care for PIOC.

D. Referrals may be completed for PIOC who need:

1. Assistance with activities of daily living.
2. Frequent assessment, intervention and evaluations which the sending facility cannot reasonably safely provide and who do not require hospitalization.

E. Referring staff shall:

1. Complete DOC- 3716.
2. Communicate PIOC health care needs that cannot be met at the current site to the HSM/designee.
3. Ensure all information is recorded in the PIOC's health care record.
4. The MDT team will work with the PIOC to identify mutual goals for returning to the sending site, and these goals will be documented in the health care record.

F. The MDT for ANU shall review referrals and collaborate with ACPs to determine if the PIOC shall be accepted. If the PIOC is not accepted for admission to the ANU, HSM/designee shall communicate with the referring facility's HSM/designee the decision to accept or decline admission.

G. Admission requires an order from the ANU ACP.

H. Upon approval from the ANU HSM/designee, referring staff shall coordinate transfer of the PIOC in compliance with DAI 500.30.06.

I. If approved for admission, the HSM/designee shall:

1. Coordinate an appropriate time frame for admission.
2. Indicate an expected admission date to the MDT.
3. Maintain records of all referrals and admissions.

III. Transfer Process for ANU

A. When a PIOC has been accepted for placement at OCI ANU, the sending facility HSM/designee shall contact their assigned classification office and advise them of the following:

1. Date the referral was accepted.
2. Staff member approving the referral.

B. The classification staff shall initiate a classification hearing to consider placement at OCI.

C. The classification staff shall document the date the referral was accepted and the staff member approving the referral in the PIOC Classification Report.

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- D. If found appropriate for OCI ANU, the PIOC will be classified for placement at OCI.
- E. A classification hearing may be initiated if the medical needs no longer require placement at OCI.
- F. Upon completion of the classification hearing, the classification staff at the sending facility shall contact the BOCM Transportation office at: DOCDABOCMTransportation@wisconsin.gov. The BOCM staff shall advise the type of bed the individual is approved for.
- G. The sending facility HSM/designee and OCI HSM/designee shall coordinate the date of the transfer. The sending facility HSM/designee shall identify and share any special transportation needs to the Security Director. The Security Director/Designee shall notify BOCM transportation of transfer arrangements.

IV. Admission

- A. Healthcare staff referring the PIOC shall:
 - 1. Provide a nurse to nurse report to include recent assessment findings and vital signs.
 - 2. Identify needs and goals for returning to the sending facility.
 - 3. Facilitate communication between the sending facility ACP and the receiving ANU ACP no later than 72 hours prior to the projected admission date.
 - 4. Prepare medications and medical equipment for the transfer.
- B. The ANU ACPs shall:
 - 1. Admit the PIOC utilizing the Standard Admission Orders in the HCR.
 - 2. Evaluate the PIOC within two business days.
 - 3. Complete an Admission History and Physical Examination.
 - 4. Order Medical Classification/medical hold.
 - 5. If the referral occurs after hours, on the weekend or on holidays, the charge nurse shall contact the on-call physician for consultation and to obtain Standard Admission Orders.
- C. The ANU Nurse Clinician shall:
 - 1. Complete the ANU admission procedure when the PIOC arrives on the unit.
 - 2. Evaluate and assign new PIOC a bed based on their needs and send a notification to security.
 - 3. Review the health care record and off-site schedule.
 - 4. Notify the on-site ACP or on-call physician with PIOC medical concerns as needed.
 - 5. Complete the appropriate section of DOC-3716 from sending unit/facility and scan the completed document into the PIOC's health care record.
 - 6. Obtain admission orders from the on-site ACP. If unavailable, call the on-call physician.

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V. Discharge to Another Facility

- A. The MDT is responsible for recommending PIOC for discharge.
- B. When the PIOC's medical needs are met and transfer back to referring facility is appropriate, the OCI HSM/designee shall contact the referring HSU and OCI classification staff to initiate a classification hearing.
- C. If PIOC is ready for discharge but is not appropriate for return to referring facility, PIOC case shall be discussed at Placement Review Committee.
- D. Upon completion of the classification action, the OCI classification staff shall contact the HSM/designee to advise the classification action is complete.
- E. The OCI HSM/designee shall notify the BOCM Transportation office at: DOCDAlBOCMTransportation@wisconsin.gov to coordinate and schedule the transfer. The notification shall include any transportation requirements, i.e. wheelchair van and anticipated discharge date.
- F. PIOC discharge from the ANU requires an order from ANU ACP.
- G. A discharge summary shall be completed by ANU ACP.
- H. A RN shall complete a patient assessment and provide nurse to nurse report within 24 hours prior to discharge of the ANU. Assessment and report shall be documented in the health care record. Any changes to the RN assessment shall be communicated to the receiving site prior to patient transfer.
- I. Nursing staff shall prepare and review all medications, medical equipment and any other items pertinent to PIOC care for the transfer to ensure continuity of care at the receiving facility.

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
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New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Oakhill Correctional Institution - Assisted Needs Unit		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> with below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES**DEFINITIONS, ACRONYMS AND FORMS****FACILITY PROCEDURE**

I.

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

II.

III.

RESPONSIBILITY

I. Staff

II. PIOC

III. Other